

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. **146**
Registered No. **76**

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

William Sherman Watkins
(If child is not yet named, make supplemental report, as directed)3. Sex Male If plural births _____ 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature _____ Full term _____ 7. Legitimate _____ 8. Date of birth Nov 16, 1930
(Month, day, year)9. Full name of FATHER William Sherman Watkins 10. Full maiden name of MOTHER Evelyn M. Green11. Residence (usual place of abode) Hayden
(If nonresident, give place and state)12. Color or race White 13. Age at last birthday 26 (Years) 14. Color or race White 15. Age at last birthday 20 (Years)16. Birthplace (city or place) Hayden, Arizona
(State or country) 17. Birthplace (city or place) Hayden, Arizona
(State or country)18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Copper Miner
19. Industry or business in which work was done, as own home, sawmill, bank, etc. Copper Mill
20. Date (month and year) last engaged in this work _____ 21. Total time (years) spent in this work 4
22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
24. Date (month and year) last engaged in this work _____ 25. Total time (years) spent in this work 226. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

27. If stillborn, period of gestation _____ months or weeks 28. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:15 p.m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from supplemental report _____ (Date of) _____

645-1116-545

Registrar.

(Signed) Charles B. Hutchinson

or _____ Midwife

Address Hayden, Arizona
Filed Nov 19, 1930 Registrar.